

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street)

700 Newport Center Drive

☐Check if different  
than previously  
reported. (ACC)

Newport Beach

CA

92660

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00068528

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2008

through

05

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Haskell

Signature of Treasurer

Electronically Filed by Robert Haskell

Date

06

12

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		92228.41
(b) Cash on Hand at Beginning of Reporting Period .....	122693.83	
(c) Total Receipts (from Line 19) .....	17842.48	99807.90
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	140536.31	192036.31
7. Total Disbursements (from Line 31) .....	30000.00	81500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	110536.31	110536.31
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	13405.32	58639.92
(i) Itemized (use Schedule A) .....	4437.16	41167.98
(ii) Unitemized .....	17842.48	99807.90
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	17842.48	99807.90
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17842.48	99807.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17842.48	99807.90

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	81500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C. 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30000.00	81500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30000.00	81500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17842.48	99807.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17842.48	99807.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. JUNE G ARCE

Mailing Address 20050 EMERALD MEADOW DR

City

WALNUT

State

CA

Zip Code

91789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR MKTG COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362101985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY J BONNO

Mailing Address 61 VERNAL SPG

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP HR, FAC & CORP TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362231985

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. ALAN H BROWN

Mailing Address 505 13TH ST

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INFO TECH OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362251985

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. DEWEY P BUSHAW

Mailing Address 29132 ALFIERI ST

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP AMF CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362301985

Amount of Each Receipt this Period

167.00

P/R Deduction (\$167.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J BUSSARD

Mailing Address 5256 LYSANDER LN

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362311985

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD R BYRD

Mailing Address 17520 PAGE CT

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP & CHF ACTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362321985

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

340.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH E CELENTANO

Mailing Address 26661 CAMPESINO

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SVP PROD & OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362381985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. SHARON A CHEEVER

Mailing Address 33512 VALLE RD

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP & GEN COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362401985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. GAIL C MOSCOSO

Mailing Address 31558 WEST NINE DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CLIENT SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362481985

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. DENNIS M CORBETT

Mailing Address 15136 TOURAIN WAY

City

IRVINE

State

CA

Zip Code

92604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP TAX COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362511985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL J CROXTON

Mailing Address 30132 HILLSIDE TER

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362551985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. DEBRA CUNNINGHAM HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362561985

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL R CURRY

Mailing Address 12162 WICKLOW LN

City

NAPLES

State

FL

Zip Code

34120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362571985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. STEPHANIE J CURRY

Mailing Address PO BOX 15358

City

IRVINE

State

CA

Zip Code

92623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ADVANCED SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362591985

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. DIANE W DALES

Mailing Address 28 CLERMONT

City

NEWPORT COAST

State

CA

Zip Code

92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362601985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. LINDA D LARSON

Mailing Address 8315 ROAD R NW

City

QUINCY

State

WA

Zip Code

98848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP IND COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362621985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK R FALK

Mailing Address 64 SUMMERSTONE

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP STRATEGIC PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362711985

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. MARTHA A GATES

Mailing Address 31411 MONTEREY ST

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362861985

Amount of Each Receipt this Period

170.00

P/R Deduction (\$170.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

395.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANK J GOETZ

Mailing Address 7 SOVENTE

City

IRVINE

State

CA

Zip Code

92606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP NEW BUSINESS SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362901985

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. MILDA C GOODMAN

Mailing Address 310 ALISO AVE

City

NEWPORT BEACH

State

CA

Zip Code

92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ADV & PUB RLTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362921985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. C MARLA GRAHAM

Mailing Address 23672 BRASILIA ST

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

MGR NEXT WAVE PMO/BA

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362941985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. ADRIAN S GRIGGS

Mailing Address 8766 CANARY AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SVP FINANCE & COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10362961985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. BRENDA K HARDWIG

Mailing Address 13112 EARLHAM ST

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

COMMUNITY RELTNS COORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363031985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT G HASKELL

Mailing Address 31735 SEACLIFF DR

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363061985

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

566.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. DALE E HAWLEY

Mailing Address 1137 SUNSET CLIFFS BLVD

City

SAN DIEGO

State

CA

Zip Code

92107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363071985

Amount of Each Receipt this Period

74.00

P/R Deduction (\$74.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J HEMSTEAD

Mailing Address 310 E MCCOY LN

City

SANTA MARIA

State

CA

Zip Code

93455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP & VALUATION ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363101985

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. KEVIN A HENDRA

Mailing Address 58 VIAGGIO LN

City

FOOTHILL RANCH

State

CA

Zip Code

92610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

CORP TAX DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363111985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

209.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. HOWARD T HIRAKAWA

Mailing Address 23972 GOLDENEYE DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP INV ADVISOR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363161985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY K MCWARD

Mailing Address 2 GLASTONBURY PL

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363211985

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. CHRIS M JANOWIAK

Mailing Address 1260 CLEVELAND AVE APT C227

City

SAN DIEGO

State

CA

Zip Code

92103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR CORP INTERNET STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363231985

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. CAROL A JENSEN

Mailing Address 8554 202ND STREET SW

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIVISION VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363241985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFF R JOHNSON

Mailing Address 1 SAND OAKS RD.

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP TREASURER PAF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363251985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. KENT R JOHNSON

Mailing Address 25621 DEL NORTE

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP ACTUARIAL & REINS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363261985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK J JOHNSON

Mailing Address 1812 LEADBURN RD

City

TOWSON

State

MD

Zip Code

21204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363271985

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. SCOTT E JOHNSON

Mailing Address 906 NEWTON LN

City

PLACENTIA

State

CA

Zip Code

92870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CORP APPL SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363281985

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. SUZANNE T KAMPA

Mailing Address 5531 STANFORD AVE

City

GARDEN GROVE

State

CA

Zip Code

92845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

IT AUDIT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363321985

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

265.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. ANITA KARANJIA

Mailing Address 9 MONTECILO

City

FOOTHILL RANCH

State

CA

Zip Code

92610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation

BUS ANALYST CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363331985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. BRIAN D KLEMENS

Mailing Address 24611 BENJAMIN CIR

City

DANA POINT

State

CA

Zip Code

92629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation

VP CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363371985

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN P KONTOS

Mailing Address 6307 CAMINO MARINERO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation

VP KEY ACCOUNT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363421985

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. JODY L LINNEMAN

Mailing Address 262 S FAIRFIELD LN

City

ORANGE

State

CA

Zip Code

92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363451985

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. FLETCHER C LARSON

Mailing Address 709 AVENIDA MIROLA

City

PALOS VERDES EST

State

CA

Zip Code

90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363471985

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID LAWS

Mailing Address 10935 E BERRY AVE

City

ENGLEWOOD

State

CO

Zip Code

80111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363481985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. LAURENE E MAC ELWEE

Mailing Address 1033 SECRETARIAT CIR

City

COSTA MESA

State

CA

Zip Code

92626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP VARIABLE REG COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363561985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DESMOND G MARSH

Mailing Address 74 SETON RD

City

IRVINE

State

CA

Zip Code

92612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ANNUITY APPS ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363591985

Amount of Each Receipt this Period

120.00

P/R Deduction (\$120.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS J MAYS

Mailing Address 7406 PALOMA DR

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363601985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. GAIL H MC INTOSH

Mailing Address 622 18TH ST

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INS CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363611985

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. JULIA C MC KINNEY

Mailing Address 207 N ELLERY DR

City

SAN PEDRO

State

CA

Zip Code

90732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INS CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363631985

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. HENRY M MC MILLAN

Mailing Address 4006 INLET ISLE DR

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP & CHIEF RISK OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363661985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. AUDREY L MILFS

Mailing Address 26922 ROCKING HORSE LN

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP & SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363711985

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSE T MISCOLTA

Mailing Address 20 BRYCE CYN

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PROD & PORT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363751985

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. ELIZABETH A MOORE

Mailing Address 6412 N 159TH ST

City

OMAHA

State

NE

Zip Code

68116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SYSTEMS ANALYSIS CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363761985

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES T MORRIS

Mailing Address 29022 PINTAIL CIR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363791985

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN C MULVIHILL

Mailing Address 27822 HOMESTEAD RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363801985

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. DARAGH M O'SULLIVAN

Mailing Address 177 22ND ST APT 14

City

COSTA MESA

State

CA

Zip Code

92627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363901985

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

591.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD P OLSON

Mailing Address 24852 CAMBERWELL ST

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR SECURITY SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363931985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. JOYCE J PEAD

Mailing Address 25 SUNRISE

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP HR CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364001985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. ALYCE PETERSON

Mailing Address 2908 VIA HIDALGO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP MARKETING SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364021985

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. THEODORE A PREMIER

Mailing Address 20 MOLINO

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP COMM MORT PROD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364081985

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES R RICE

Mailing Address 11 STILLWATER

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP M FINANCIAL DISTRIBUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364141985

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. GERALD W ROBINSON

Mailing Address 38347 N 104TH PL

City

SCOTTSDALE

State

AZ

Zip Code

85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EXEC VP ANNUITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364181985

Amount of Each Receipt this Period

325.00

P/R Deduction (\$325.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

585.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT D RUSSELL

Mailing Address 51202 EASTCHURCH

City

CHAPEL HILL

State

NC

Zip Code

27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364231985

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J SCHINDLER

Mailing Address 28792 APPLETREE

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP LIFE CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364261985

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. CATHY L SCHWARTZ

Mailing Address 87 PELICAN CT

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364311985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. BRADLEY W SHERRELL

Mailing Address 2315 VIA ZAFIRO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP APPLIC DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364351985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. PENNY S SPARKS

Mailing Address 1661 UTAH CIR

City

COSTA MESA

State

CA

Zip Code

92626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR PORTFOLIO OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364441985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROL R SUDBECK

Mailing Address 11 SOMMET

City

NEWPORT COAST

State

CA

Zip Code

92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP TALENT ACQ & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364501985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN G TORELL

Mailing Address 355 S LORETTA DR

City

ORANGE

State

CA

Zip Code

92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP ACCTG &amp; RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR10364581985

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN J TORETTO

Mailing Address 22862 ORENSE

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP &amp; INSURANCE COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR10364591985

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. KHANH T TRAN

Mailing Address 47 VERNAL SPG

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EXEC VP CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR10364601985

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

556.66

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. SUSAN L TULLY

Mailing Address 6929 N HAYDEN RD PMB 157

City

SCOTTSDALE

State

AZ

Zip Code

85250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR10364611985

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. EDDIE D TUNG

Mailing Address PO BOX 10386

City

NEWPORT BEACH

State

CA

Zip Code

92658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP REGULATORY PROD ACCTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR10364621985

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN M WALDECK

Mailing Address 67 LAURELHURST DR

City

LADERA RANCH

State

CA

Zip Code

92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP RE UWG &amp; CONST SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR10364651985

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

255.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. NANCY A WEBB

Mailing Address 36 BLACK HAWK

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364701985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN WHITE

Mailing Address 32122 VIA CARLOS

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP INTERNAL WHLSLNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364741985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. ROBIN S YONIS

Mailing Address 8 CASTLEBAR

City

IRVINE

State

CA

Zip Code

92618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP VAR REGULATORY COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10364821985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J WAUTERS

Mailing Address 2942 COPA DE ORO DR

City

LOS ALAMITOS

State

CA

Zip Code

90720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP FINANCIAL OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365121985

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL A BELL

Mailing Address 2 PRECIPICE

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EVP LIFE INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365141985

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. REED J LLOYD

Mailing Address 6 SANDERLING LN

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ADVANCED MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365211985

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. PHILIP A TEETER

Mailing Address 376 MYRTLE ST

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP ANN TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365471985

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD G CHERNEY

Mailing Address 27835 HOMESTEAD RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EXEC VP GLOBAL MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365541985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. KAREN S WALL

Mailing Address 1811 RIVERFORD RD

City

TUSTIN

State

CA

Zip Code

92780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

APPLIC DEV DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365581985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. TENNYSON S OYLER

Mailing Address 112 CLEARBROOK

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365611985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D COTTON

Mailing Address 703 KAHN PL

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365621985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT C HSU

Mailing Address 1121 EBBTIDE RD

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP ANN ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365661985

Amount of Each Receipt this Period

130.00

P/R Deduction (\$130.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. VALERIE MORRIS

Mailing Address 48 W YALE LOOP

City

IRVINE

State

CA

Zip Code

92604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP HR PRGMS &amp; SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR10365681985

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA S DOUGLASS

Mailing Address 640 SAINT JAMES RD

City

NEWPORT BEACH

State

CA

Zip Code

92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR10365731985

Amount of Each Receipt this Period

225.00

P/R Deduction (\$225.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D BURKE

Mailing Address 2216 NELDA WAY

City

ALAMO

State

CA

Zip Code

94507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR10365781985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) .....

415.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. RODERICK P HANSEN

Mailing Address 21612 MARIGOT DR

City

BOCA RATON

State

FL

Zip Code

33428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365851985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN F O'DONNELL

Mailing Address 30 BRIAN RD

City

BRIDGEWATER

State

MA

Zip Code

02324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIVISION VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365961985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. JULIET A PINKERTON

Mailing Address 22 N PALMIERA CIR

City

THE WOODLANDS

State

TX

Zip Code

77382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365991985

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD A TAUBE

Mailing Address 24081 NUTHATCH LN

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366041985

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. TRAVIS R MC KAY

Mailing Address 24719 JOLEE CT

City

PLAINFIELD

State

IL

Zip Code

60544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366061985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. KATHARINE B YOUNG

Mailing Address 18647 SANTA ISADORA ST

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP VALUATION & RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366101985

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER VAN MIERLO

Mailing Address 400 EL VUELO

City

SAN CLEMENTE

State

CA

Zip Code

92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP NATL ACCOUNTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366151985

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL S ROBB

Mailing Address 27481 VANTAGE CIRCLE

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EXEC VP RE INVEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366191985

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. JANE K WONG-HSU

Mailing Address 1121 EBBTIDE RD

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP MKT & CREDIT RISK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366211985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL P BORGATTI

Mailing Address 978 BALD CYPRESS DR

City

MANDEVILLE

State

LA

Zip Code

70448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366241985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD M WILKES

Mailing Address 7124 HAWKSBEARD DR

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366271985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD S BANNO

Mailing Address 26666 WHITE OAKS DR

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP CAPITAL MKTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366281985

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY ANN BROWN

Mailing Address 304 WEYMOUTH PL

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP CORP DEVELPMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366311985

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. SIMON S FENG

Mailing Address 10 CANDELA

City

IRVINE

State

CA

Zip Code

92620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP INFO TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366351985

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS GIBBONS

Mailing Address 45137 BIG CANYON ST

City

INDIO

State

CA

Zip Code

92201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP TAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366361985

Amount of Each Receipt this Period

180.00

P/R Deduction (\$180.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

746.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY M HAWKINS

Mailing Address 6182 S 177TH ST

City

OMAHA

State

NE

Zip Code

68135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP NEB OPS CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366391985

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES KARAFI

Mailing Address 182 STANHOPE RD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366401985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. STEPHAN P MITCHELL

Mailing Address 18111 THEODORA DR

City

TUSTIN

State

CA

Zip Code

92780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR PROD & COMPETITION ANA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366461985

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. TERRY R PERKINS

Mailing Address 25522 SAWMILL LN

City

LAKE FOREST

State

CA

Zip Code

92630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP ADVANCE DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366471985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. KYLE R WOODDELL

Mailing Address 2500 CHRISTOPHER OAKS CT

City

SAINT LOUIS

State

MO

Zip Code

63129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366591985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. DENNIS L BAHLMANN

Mailing Address 6052 MEADOW VIEW CT

City

JOHNSTON

State

IA

Zip Code

50131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP NEW BUSINESS SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366621985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JEFF J BRADSHAW

Mailing Address 27302 MONDANO DR

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366671985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. DEBORAH K JOHNSON

Mailing Address 3019 SAN ANSELIN AVE

City

LONG BEACH

State

CA

Zip Code

90808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SYSTEMS ANALYSIS SUPR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366681985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH W COX

Mailing Address 570 EBBECREEK DR APT P

City

CORONA

State

CA

Zip Code

92880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

APPLIC DEV CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366701985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVEN R ELDER

Mailing Address 37936 19TH AVE S

City

FEDERAL WAY

State

WA

Zip Code

98003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366721985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID C HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP RE ACQUISITIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366761985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. LINDA L KOTOWICZ

Mailing Address 795 TREPHANNY LN

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP M MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366791985

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT C O'BRIEN

Mailing Address 35 HERITAGE AVE

City

ASHLAND

State

MA

Zip Code

01721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366811985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY R WILT

Mailing Address 1 BAILEY DRIVE

City

GLENWOOD

State

NJ

Zip Code

07418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366881985

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. STUART A HOLLAND

Mailing Address 4931 CAREFREE TRAIL

City

PARKER

State

CO

Zip Code

80134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR FVP-NCM IP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366911985

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES M RUGGERIO

Mailing Address 449 SAINT ANNES DR

City

BIRMINGHAM

State

AL

Zip Code

35244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10367081985

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. KEITH C WERSCHKE

Mailing Address 25252 NORTHRUP DR

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP AGG & INS RISK MGT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10367121985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JIM Y CHU

Mailing Address 120 ALBERT PL APT 10

City

COSTA MESA

State

CA

Zip Code

92627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PROD DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10367141985

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVEN H GOLDBERG

Mailing Address 18 THREE VINES CT

City

LADERA RANCH

State

CA

Zip Code

92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR ANNUITIES PRODUCT DEVELOPM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10367181985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J AVELLINO

Mailing Address 3 PHEASANT DR.

City

MT. LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10614781985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN K BEST

Mailing Address 445 FLINT AVE

City

LONG BEACH

State

CA

Zip Code

90814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10614791985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. CARL B JACKSON

Mailing Address 22395 WOODGROVE RD

City

LAKE FOREST

State

CA

Zip Code

92630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

BUS CONT PRGM DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10614811985

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. CARLETON J MUENCH

Mailing Address 510 SAN NICHOLAS CT

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INVESTMENT OVERSIGHT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10614831985

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. TIM N SHAHEEN

Mailing Address 28 STONE PNE

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP SLS & MKTG OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10614871985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MATTHEW WELLS

Mailing Address 120 BONITA DR

City

HOMEWOOD

State

AL

Zip Code

35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10614921985

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID J VAN DE WATER

Mailing Address 2062 MOUNT SHASTA DR

City

SAN PEDRO

State

CA

Zip Code

90732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

MARKETING CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11106891985

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. ANN E FARLEY

Mailing Address 4014 ALADDIN DR

City

HUNTINGTON BEACH

State

CA

Zip Code

92649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PRODUCT DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11323351985

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 56

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. JENNIFER R JEWETT

Mailing Address 31901 VIRGINIA WAY

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR12361941985

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Mon-  
thly)

SUBTOTAL of Receipts This Page (optional) .....

65.00

TOTAL This Period (last page this line number only) .....

13405.32

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 56

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Becerra for Congress

Mailing Address PO Box 116

City  
Hyattsville

State  
MD

Zip Code  
20781

Purpose of Disbursement  
Contribution

Candidate Name  
Xavier Becerra

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: 6796056

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Continuing A Majority PAC

Mailing Address 2501 Wisconsin Avenue, NW #304

City  
Washington

State  
DC

Zip Code  
20007

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 6796062

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Campbell for Congress

Mailing Address 4590 MacArthur Blvd., Suite 500

City  
Newport Beach

State  
CA

Zip Code  
92660

Purpose of Disbursement  
Contribution

Candidate Name  
John Campbell

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: 6796064

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 56

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

DAKPAC

Mailing Address 607 14th Street NW, Suite 800

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 6796075

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Friends of Byron Dorgan

Mailing Address PO Box 871

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Contribution

Candidate Name  
Byron Dorgan

011

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: ND District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 6796078

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

People for English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement  
Contribution

Candidate Name  
Phil English

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 03

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 6796080

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

3000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 56

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Grassley Committee

Mailing Address PO Box 1000

City  
Des Moines

State  
IA

Zip Code  
50304

Purpose of Disbursement  
Contribution

Candidate Name  
Charles Grassley

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District:

Transaction ID: 6796081

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Wally Herger for Congress

Mailing Address P.O. Box 16021

City  
Alexandria

State  
VA

Zip Code  
22302

Purpose of Disbursement  
Contribution

Candidate Name  
Wally Herger

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: 6796082

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

AMERIPAC

Mailing Address 499 S. Capitol Street SW #108

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 6796083

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) ►

4500.00

**TOTAL** This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 56

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kind For Congress Committee

Mailing Address 205 South 5th Ave  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Ron Kind

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 03

Transaction ID: 6796084

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Matsui for Congress

Mailing Address P.O. Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
Contribution

Candidate Name  
Doris Matsui

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 05

Transaction ID: 6796085

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Gary Miller for Congress

Mailing Address 721 S Brea Canyon Road Suite 7

City Diamond Bar State CA Zip Code 91789

Purpose of Disbursement  
Contribution

Candidate Name  
Gary Miller

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 42

Transaction ID: 6796086

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ben Nelson for U.S. Senate Committee

Mailing Address 420 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name  
Ben Nelson

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District:

Transaction ID: 6796087

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement  
Contribution

Candidate Name  
Devin Nunes

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 21

Transaction ID: 6796088

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Pomeroy for Congress

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Contribution

Candidate Name  
Earl Pomeroy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 01

Transaction ID: 6796089

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 56

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Pomeroy for Congress	<b>Transaction ID:</b> 6796090 <b>Date of Disbursement</b>
Mailing Address PO Box 75214	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 4 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Earl Pomeroy	<div> <div>500.00</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Porter For Congress	<b>Transaction ID:</b> 6796091 <b>Date of Disbursement</b>
Mailing Address 7840 Red Leaf Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 4 / 2 0 0 8</div> </div>
City Las Vegas State NV Zip Code 89131	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Rep. Jon Porter	<div> <div>3000.00</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Friends for Harry Reid	<b>Transaction ID:</b> 6796092 <b>Date of Disbursement</b>
Mailing Address PO Box 85223	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 4 / 2 0 0 8</div> </div>
City Las Vegas State NV Zip Code 89185	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Harry Reid	<div> <div>2000.00</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Royce Campaign Committee

Mailing Address PO Box 2525

City  
Orange

State  
CA

Zip Code  
92859

Purpose of Disbursement  
Contribution

Candidate Name  
Edward Royce

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 40

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 6796093

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

30000.00